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FEC FORM 1	FEC		TEMENT OF GANIZATION		Office Use Only
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4N	
D _i a _i n _i i _i e _i l _i	Web	s t e r f o r C	o _i n _i g _i r _i e _i s _i s _{i i i}		
ADDRESS (number and street)		3,4,0,0,0,0,1,d, W, i, n, t, e, r, G, a, r, d, e, n, R, O, a, d, , ,			
(Check if address is changed)					
		O r 1 a n d o		F, L	3, 2, 8, 0, 5 - , , ,
		•	CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only one e-	mail address)		
(Check if	addrana	$n_{ }w_{ }a_{ }t_{ }k_{ }i_{ }n_{ }s_{ }@ r_{ }o_{ }b_{ }e_{ }r_{ }t_{ }w_{ }a_{ }t_{ }k_{ }i_{ }n_{ }s_{ }\cdot_{ }c_{ }o_{ }m_{ } \\$			
is change					
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)			
	address	N ₁ O ₁ n ₁ e ₁			
(Check if is change					
2. DATE 0		2 / 2 0 1 0 JMBER C			
4. IS THIS STATEMENT V NEW (N) OR AMENDED (A)					
I certify that I have o	examined th	is Statement and to the best	of my knowledge and belief it	is true, com	ect and complete.
Type or Print Name	of Treasure	Nancy H. Watkins			
Signature of Treasure	er <u> </u>	lang D. L. thi		Date 0	4 / 2 3 / 2 0 1 0
NOTE: Submission of	-	•	may subject the person signing to		t to the penalties of 2 U.S.C. §437g. YS.
Office Use			For further Information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)